

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED  
Date Stamp  
FEB 16 2005

COVER PAGE

CALIFORNIA  
2001/02  
FORM 460

Statement covers period from 11/13/2004 through 12/31/2004	Date of election if applicable: (Month, Day, Year) 11/02/2004	REGISTRAR OF VOTERS By <i>[Signature]</i> Deputy Page 1 of 20 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input checked="" type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5) | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee          | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7)  |

2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

Amending Schedule E & F

3. Committee Information

I.D. NUMBER 1243923

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Lou Correa

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/16/2005  
Date

Executed on 02/16/2005  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Kinde Durkee  
Signature of Treasurer or Assistant Treasurer

By Lou Correa  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lou Correa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board Of Supervisors, Orange County, District: 01

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Assemblymember Correa Campaign Legal

I.D. NUMBER

1259421

NAME OF TREASURER

Kinde Durkee

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Lou Correa

Statement covers period  
from 11/13/2004  
through 12/31/2004

CALIFORNIA  
FORM **460**

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I.D. NUMBER  
1243923

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 12,298.00	\$ 244,294.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 12,298.00	\$ 244,294.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	138.76	7,446.51
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 12,436.76	\$ 251,740.51

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 18,674.53	\$ 452,090.95
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 18,674.53	\$ 452,090.95
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	2,090.96	2,090.96
10. Nonmonetary Adjustment .....	Schedule C, Line 3	138.76	7,446.51
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 20,904.25	\$ 461,628.42

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 259,188.89
13. Cash Receipts .....	Column A, Line 3 above	12,298.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	3,607.34
15. Cash Payments .....	Column A, Line 8 above	18,674.53
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 256,419.70

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 2,090.96

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/13/2004</u> through <u>12/31/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>13</u> of <u>20</u>	I.D. NUMBER <b>1243923</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Lou Correa

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Juan Gonzalez [REDACTED] [REDACTED]	OFC		450.00
Christopher Leo [REDACTED] [REDACTED]	OFC		500.00
Midway City Chamber Of Commerce & Homeowners Association [REDACTED] [REDACTED]	CVC		200.00
Tammy Tran [REDACTED] [REDACTED]	OFC		500.00
Bank One Disney Visa Credit Card [REDACTED] [REDACTED]	OFC		3,423.46

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5,073.46**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
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SCHEDULE E (CONT.)

Statement covers period from <u>11/13/2004</u> through <u>12/31/2004</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Lou Correa

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pizza Hut [REDACTED] [REDACTED]	OFC		Memo: 111.52
Office Depot [REDACTED] [REDACTED]	OFC		Memo: 215.45
US Postmaster [REDACTED] [REDACTED]	POS		Memo: 5,920.00
Orange County Register [REDACTED] [REDACTED]	PRT		Memo: 103.77
Staples [REDACTED] [REDACTED]	OFC		Memo: 602.48

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
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SCHEDULE E (CONT.)

Statement covers period from <u>11/13/2004</u> through <u>12/31/2004</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Friends Of Lou Correa		I.D. NUMBER 1243923

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Lou Correa

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster [REDACTED] [REDACTED]	POS		Memo: 3,700.00
The Calvert Co [REDACTED] [REDACTED]	OFC		Memo: 4,371.62
El Pollo Norteno [REDACTED] CA 92709	OFC		Memo: 323.14
Dominos Pizza [REDACTED] [REDACTED]	OFC		Memo: 180.24
Orange County Registrar Of Voters [REDACTED] [REDACTED]	FIL		Memo: 224.80

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**SUBTOTAL \$**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/13/2004</u> through <u>12/31/2004</u>	<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Register [REDACTED]	PRT			Memo: 460.79
Staples [REDACTED]	OFC			Memo: 210.46
Office Depot [REDACTED]	OFC			Memo: 188.45
Jimenez Market [REDACTED]	OFC			Memo: 212.94
Sprint PCS [REDACTED]	OFC			Memo: 261.03

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

## Filing Notes

Form/Schedule	Reference No.	Text
F	DEBTF0000003100	Costco-\$88.35
Form/Schedule	Reference No.	Text
F	DEBTF0000003103	Sprint PCS-\$1693.26 USPS-\$259.00 Telscape-\$560.35
Form/Schedule	Reference No.	Text